

State of Hawaii
Department of Health
Child and Adolescent Mental Health Division

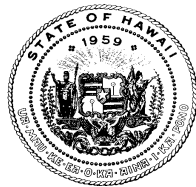
Request for Proposals

**RFP No. HTH 460-05-01
Multidimensional Treatment Foster Care**

June 19, 2005

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

LINDA LINGLE
GOVERNOR OF HAWAII



CHIYOME L. FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII

DEPARTMENT OF HEALTH

CHILD & ADOLESCENT MENTAL HEALTH DIVISION
3627 KILAUEA AVENUE, ROOM 101
HONOLULU, HAWAII 96816

In reply, please refer to:

June 19, 2005

REQUEST FOR PROPOSALS

**MULTIDIMENSIONAL TREATMENT FOSTER CARE
RFP No. HTH 460-05-01**

The Department of Health, Child and Adolescent Mental Health Division (CAMHD) is requesting proposals from qualified applicants to provide Multidimensional Treatment Foster Care (MTFC) Services for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency between the ages of nine (9) through seventeen (17). Services are time-limited, intensive community-based treatment provided in a home setting to youth with a history of delinquent and disruptive behaviors and emotional disturbance. MTFC addresses the needs of both the community and the youth. The primary focus of MTFC is to decrease the antisocial behavior and increase the appropriate (pro-social) behavior of these troubled youth in the community. The proposed contract term will be from October 1, 2005 (or effective upon an earlier contract execution date) through June 30, 2006 and renewable for additional terms. A single or multiple contracts will be awarded to provide this level of care on Oahu and Hawaii under this Request for Proposal based on the proposal evaluation and selection.

Proposals must be postmarked before midnight, Monday, July 25, 2005, or hand-delivered by 4:30 p.m. H.S.T. on Monday, July 25, 2005. Any proposal submitted after the deadline will not be considered and will be returned to the applicant. There are no exceptions to this requirement.

The CAMHD will conduct an RFP orientation session on Monday, June 27, 2005, from 1:00 p.m. to 2:00 p.m., at the Diamond Head Health Center, 3627 Kilauea Avenue, Room 418. All prospective applicants are encouraged to attend.

The deadline for submitting written questions is 4:00 p.m. on Friday, July 1, 2005. All written questions to the current RFP will receive a written response from the State by Wednesday, July 6, 2005. Inquiries regarding this RFP should be directed to Craig Kodama, Contracts Management Specialist, 3627 Kilauea Avenue, Room 101, Honolulu, Hawaii 96816.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: 3 and 1 Original

**ALL MAIL-INS MUST BE POSTMARKED BY UNITED STATES POSTAL SERVICE (USPS)
NO LATER THAN
MONDAY, JULY 25, 2005**

All Mail-Ins

Department of Health
Child and Adolescent Mental Health Division
3627 Kilauea Avenue, Room 101
Honolulu, Hawaii 96816

DOH RFP Coordinator

Craig Kodama
Child and Adolescent Mental Health Division
3627 Kilauea Avenue, Room 101
Honolulu, Hawaii 96816
Telephone: (808) 733-9338

All drop offs will be accepted at the following site until 4:30 p.m. H.S.T., Monday, July 25, 2005.

Drop-Off Site

Department of Health
Child and Adolescent Mental Health Division
3627 Kilauea Avenue, Room 101
Honolulu, Hawaii 96816

BE ADVISED: All mail-ins postmarked by USPS after **Monday, July 25, 2005**, will be rejected.

Hand deliveries will **not** be accepted after **4:30 p.m., HST, Monday, July 25, 2005.**

Deliveries by private mail services such as FEDEX shall be considered hand deliveries and will not be accepted if received after **4:30 p.m., HST, Monday, July 25, 2005.**

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Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

II. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Child and Adolescent Mental Health Division

Department of Health

3627 Kilauea Avenue, Room 101, Honolulu, Hawaii 96816

Phone

(808)

733-9338

Fax:

(808)

733-9207

IV. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing RFP	6/19/05
Distribution of RFP	6/20/05
RFP orientation session	6/27/05
Closing date for submission of written questions for written responses	7/1/05
State purchasing agency's response to applicants' written questions	7/6/05
Discussions with applicant prior to proposal submittal deadline (optional)	Through 7/20/05
Proposal submittal deadline	7/25/05
Discussions with applicant after proposal submittal deadline (optional)	N/A
Final revised proposals (optional)	N/A
Proposal evaluation period	7/26/05 – 8/4/05
Provider selection	8/5/05
Notice of statement of findings and decision	8/5/05
Contract start date	10/1/05 or sooner

V. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date: 6/27/05
Time: 1:00 pm to 2:00pm
Location: Diamond Head Health Center, 3627 Kilauea Avenue, Room 418

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be

provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VI. Submission of Questions).

VI. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency. Deadline for submission of written questions:

Date: 7/1/05 **Time:** 4:00 pm., HST

State agency responses to applicant written questions will be provided by:

Date: 7/6/05

VII. Submission of Proposals

A. Forms/Formats - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website at: www.spo.hawaii.gov, click *Procurement of Health and Human Services* and *For Private Providers*. Refer to the Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPO-H-200)**
- Provides identification of the proposal.
2. **Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
3. **Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
4. **Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)

5. **Registration Form (SPO-H-100A)** – If applicant is not registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their registration status, they may check the State Procurement Office website at: <http://www.spo.hawaii.gov>, click *Procurement of Health and Human Services*, and *For Private Providers and Provider Lists...The List of Registered Private Providers for Use with the Competitive Method of Procurement* or call the State Procurement Office at (808) 587-4706.
6. **Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, item III.A.1, Administrative Requirements, and the Proposal Application Checklist to see if the tax clearance is required at time of proposal submittal. The tax clearance application may be obtained from the Department of Taxation website at www.hawaii.gov/tax/tax.html.

- B. **Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist.
- C. **Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Proposal Submittal** - Proposals must be postmarked by USPS or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal post-marked or received after the designated date and time shall be rejected. Note that postmarks must be by United States Postal Service or they will be considered hand-delivered and shall be rejected if late. The

number of copies required is located on the Proposal Mail-In and Delivery Information Sheet.

No submission of proposals via fax, email, diskette, CD or other electronic means are permitted.

- E. Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website at <http://www.capitol.hawaii.gov/>. Or go directly to: http://www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0103/HRS_0103-0055.htm
- F. Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

VIII. Discussions with Applicants

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline** - Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

IX. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state

purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

X. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

XI. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XII. Final Revised Proposals

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time shall be rejected. If a final revised proposal is not submitted, the previous submittal shall be construed as their best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIII. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XIV. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XV. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing

agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XVI. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610 (1), HAR)
- (6) Applicant not responsible (Section 3-143-610 (2), HAR)

XVII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

XVIII. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the Proposal Application Checklist in Section 5 of this RFP. Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Chiyome Fukino, M.D.	Name: Christina M. Donkervoet
Title: Director, Department of Health	Title: Chief, CAMHD
Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801	Mailing Address: 3627 Kilauea Avenue, Room 101, Honolulu, Hawaii 96816
Business Address: Same as above	Business Address: Same as above

XIX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

XX. Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

(1) Performance/Outcome Measure

- Degree to which performance expectations are met.
- Degree to which agency Quality Assurance and Improvement Program (QAIP) is consistently implemented.
- Evidence of ongoing improvement mechanisms implemented as part of internal/external review feedback.
- Degree to which services and activities result in positive outcomes for youth served.
- Adequacy of response to any required corrective actions and calls for improvement.
- Degree to which performance expectations are met in case-based reviews.
- Degree of integrity of quality assurance and performance improvement processes.

(2) Output Measure

- Degree to which eligible youth are receiving timely service initiation as described in this RFP.
- Degree to which eligible youth are receiving services as described in contract.
- Assessment of performance data and trends.
- Degree of quality of family engagement including training and expectation-setting for staff in family engagement.
- Degree to which youth are managed in accordance with the standards described in this RFP, and the Department of Education (DOE) and Department of Health (DOH) Interagency Performance Standards and Practice Guidelines (IPSPG) as the same may be amended from time-to-time. A copy of the IPSPG is on the following website: <http://www.hawaii.gov/health/mental-health/camhd/resources/index.html>.

(3) Quality of Care/Quality of Services

- Degree to which services and activities described in the contract meet the expected standards, as defined in this **RFP, Section 2.**

- Degree to which the client related documentation meets standards, as defined in this **RFP, Section 2.**
- Degree of to which Contractor adheres to its own program operations, policies and standards.
- Degree of adherence to the MTFC model.
- Degree of treatment integrity and adequacy of treatment processes, including how agencies monitor client progress and outcomes.
- Degree of adherence to credentialing processes and accuracy and completeness of credentialing files.
- Evidence of current accreditation.
- Degree of quality of supervision and training processes.

(4) Financial Management

- Accuracy and completeness of accounting files and fiscal records.
- Accuracy and timeliness of fiscal internal operations.
- Performance in fiscal and other financially related audits.

(5) Administrative Requirements

- Overall compliance with contract terms.
- Maintenance of personnel, training, and protocol manuals.
- Sound administrative practices and plan of operation.

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See Section 5, Proposal Application Checklist for the address). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

Termination of Contract

Contract awarded under Chapter 103F, HRS, provide for termination of the contract. The termination clauses in Section 3-149-204 of the Hawaii Administrative Rules (HAR) and Section 4.2 of the General Conditions to the Contract, provide for termination of contract, either whole or in part, for non-performance to provide the required services, reduction in funds available to pay the CONTRACTOR, or a change in the conditions upon which the need for the service was based. Such clauses require that the state purchasing agency give advanced notice of ten working days to the CONTRACTOR, which include a brief statement of the reason for the termination.

Other Relief Available to CAMHD

The contract resulting from this RFP will contain a clause stipulating that if the CONTRACTOR is in non-compliance with contract requirements the CAMHD may:

1. Temporarily withhold/disallow all or part of the billing cost/payments pending correction of a deficiency or a non-submission of a required report by the Contractor.
2. Temporarily suspend referrals for services pending correction of a deficiency or non-compliance with the requirements of this RFP, the **IPSPG, Performance Standards for the Multidimensional Treatment Foster Care** and other term(s) and/or condition(s) of the contract.
3. Seek reimbursement for any funds paid to the Contractor subsequent to a determination that such payment was unauthorized, fraudulently obtained, or inappropriately billed.
4. Impose sanctions for Contractor's failure to adhere to the Scope of Services as set forth in this contract.

A sample of the special conditions is in Attachment F of this RFP.

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see section 5, the Proposal Application Checklist). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2

Service Specifications

I. Introduction

In the '90s, Congress urged the Surgeon General to develop a report on youth violence, with particular focus on the scope of the problem, its causes, and how to prevent it. The Surgeon General obtained the assistance of the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Substance Abuse and Mental Health Services Administration (SAMHSA) to identify and recommend solutions to youth violence. Since 1993, when the epidemic peaked, youth violence has declined significantly nationwide, as indicated by the downward trends in arrest records, victimization data, and hospital emergency room records. Recent research found “no change since 1993 in the proportion of young people who have committed physically injurious and potentially lethal acts.”

The best information available on general strategies to reduce the risk of further violence among these youths comes from meta-analyses. The most rigorous and most frequently cited meta-analyses of violence prevention programs are those conducted by Lipsey and colleagues and by Andrews and colleagues (Lipsey, 1992a, 1992b; Lipsey & Wilson, 1998; Andrews, 1994; Andrews et al., 1990). Lipsey's research found that “effective treatment can divert a significant proportion of delinquent and violent youths from future violence and crime.” The research also found that “there is enormous variability in the effectiveness of different types of programs for seriously delinquent youth. The most effective programs, on average, reduce the rate of subsequent offending by nearly half (46 percent), compared to controls, whereas the least effective programs actually increase the rate of subsequent offending by 18 percent, compared to controls.”

Studying serious male offenders, the Surgeon General found that treatment utilizing a social perspective-taking/role-taking component reduced serious delinquent behavior for at least 18 months after treatment (Chandler, 1993). This finding is consistent with results from the Lipsey and Andrews studies, which indicate that multimodal, behavioral, and skills-oriented interventions are more effective than counseling and other less-structured approaches (see also Gendreau & Ross, 1987). The general finding is that for most youth, behavioral and skills-oriented strategies provide the most effective violence prevention approaches.

Meta-analyses conducted by Lipsey and others demonstrated that community-based treatment is more successful than residential treatment for teenagers with histories of chronic and severe criminal behavior. The Surgeon General specifically identifies Multidimensional Treatment Foster

Care as one of the effective strategies against both early- and late-onset forms of violence in general populations of youth, high-risk youth, and even youth who are already violent or seriously delinquent.

As a society, we want to be safe from youth who commit crimes and at the same time we want to help troubled youth live safely in the community. While incarceration and other restrictive residential programs help to keep the community safe, they do little to prepare troubled youth to live in the community. The Multidimensional Treatment Foster Care (MTFC) program addresses the needs of **both** the community and the youth.

The goal of Multidimensional Treatment Foster Care (MTFC), over a period of six to nine months in a therapeutic foster care setting, is to decrease the antisocial behavior and increase the prosocial (appropriate) behavior of youth in placement. To this end there are four main objectives of the MTFC program:

- To provide the youth with close supervision
- To provide the youth with fair and consistent limits/consequences
- To provide a supportive relationship with the youth
- To minimize association with peers who may be a bad influence

In order to achieve these objectives, MTFC incorporates the strategies of those parent training programs that have been shown to be most effective: close supervision, clear and consistent limits or consequences, and a warm and supportive relationship with an adult. And MTFC incorporates one other key strategy into the program – minimizing contact with delinquent peers. Studies show that association with deviant peers is a strong predictor of involvement in and the escalation of aggression and delinquency. For this reason, MTFC does **not** place youth in homes with other troubled youth.

Studies to date indicate that putting youth with criminal histories together in **group** situations may actually contribute to the maintenance of delinquent friendship cliques and increase a youth's repertoire of antisocial skills. The MTFC program attempts, instead, to surround the youth with positive role models and mentors. Youth are isolated from negative peers and taught the prosocial skills they missed earlier in their development.

Multidimensional Treatment Foster Care implementers recruit, train, and supervise foster families to offer youth treatment and intensive supervision at home, in school, and in the community. The program provides parent training and other services to the biological families of treated youth, helping to improve family relationships and reduce delinquency when youth return to their homes. Youth who participate in this program also receive behavior management and skill-focused therapy and a community liaison who

coordinates contacts among case managers and others involved with the youth.

- MTFC places one youth (occasionally, two) with a family at a time.
- MTFC uses a team approach to treatment, with the foster parents a part of the team along with program staff.
- Foster parents in this program implement an individualized, structured program for each youth under the guidance of a clinical supervisor.
- Foster parents receive an enhanced level of support from program staff.
- Crisis intervention is available 24 hours a day, 7 days a week.
- Foster parents meet regularly with other foster parents in the program to support and learn from each other.

Research to date has indicated MTFC can reduce the number of days of incarceration, reduce overall arrest rates, reduce drug use, and reduce program dropout rates in treated youth versus controls during the first 12 months after completing treatment and can speed the placement of youth in less restrictive, family based community settings.

Further Evidence of Effectiveness

In a study comparing criminally involved boys placed in MTFC and in Group Care homes, boys in MTFC placement spent significantly more days in their placements, were less likely to run away from their placements, and spent twice as many days living with their families or relatives.

One year after placement the boys in MTFC had less than half the arrests of boys in Group Care.

Almost three times as many boys ran away or were expelled from their Group Care homes than their MTFC homes.

Boys in MTFC reported committing fewer criminal acts (general delinquency, index offenses, and felony assaults) than Group Care boys at 6, 12, and 18 months after enrolling in the program.

In prior evaluations that included both boys and girls, Multidimensional Treatment Foster Care improved rates of program completion, reduced both rates of incarceration and the number of days incarcerated during the first year after treatment, and resulted in a faster drop in rates of problem behavior for seriously impaired youths.

Source: Oregon Social Learning Center

A. Overview, Purpose or Need

The purpose of this request for proposals (RFP) is to further refine and enhance the current CAMHD service array for a defined subgroup of youth (see Section 2, subparagraph 1.c.) and for other youth appropriate for referral for MTFC services. These youth receive the most intensive behavioral health services, and absorb most of the personnel and fiscal resources of CAMHD. They often have antisocial, aggressive, or delinquent behaviors as their primary presenting issues and multi-agency involvement is typical (Department of Human Services/ Child Protective Services, Office of Youth Services, Family Court, and Hawaii Youth Correction Facility (HYCF)).

Services to these youth must be provided in a highly accountable system capable of assuring appropriate access to services, close coordination with all involved stakeholders, effective performance management, and sound fiscal management that will produce positive results.

CAMHD is soliciting proposals from agencies interested in providing MTFC services in two sites - one on the island of Oahu and the other on the island of Hawaii.

CAMHD expects that additional communities may also benefit from MTFC services and, therefore, hopes to release similar RFPs for additional communities in the relatively near future.

The current RFP is for the provision of direct MTFC services only. CAMHD will support the cost of initial training and ongoing consultation to be provided to MTFC team members and foster families from the selected agency(ies).

B. Description of the Goals of the Service

MTFC was developed in the early 1980's as an alternative to institutional, residential, and group care placements for boys with severe antisocial and delinquent behavior. Subsequently the MTFC model has been adapted for and tested with children and adolescents with severe emotional and behavioral disorders (SEBD).

There are two major aims of MTFC: 1) to create opportunities so that youth are successfully able to live in families rather than in group or institutional settings, and 2) to simultaneously prepare their parents, relatives, or other aftercare resources to provide these same youth

with effective parenting so that the positive changes made in MTFC settings can be sustained over the long run.

Four key elements of treatment are targeted during MTFC placement and aftercare:

1. The provision of a consistent, reinforcing living environment where the youth is mentored and encouraged to develop effective academic and living skills.
2. The provision of daily structure with clear expectations and limits, and with well-specified consequences delivered in a teaching oriented manner.
3. The provision of close supervision of the youth's whereabouts.
4. The provision of support and assistance designed to help the youth avoid deviant peer associations and establish positive peer relationships.

It is intended that MTFC services will assist the CAMHD in assessing the following related outcome objectives:

- Reduced long-term rates of criminal offending in serious juvenile offenders.
- Reduced rates of out-of-home placements for serious juvenile offenders.
- Improved family functioning.
- Decreased mental health problems for serious juvenile offenders.
- Favorable outcomes at cost savings in comparison with usual mental health and juvenile justice services.

Additionally, the successful applicant will be responsible to:

Develop and support a provider network, which allows for professionals to obtain specialized knowledge and competence in empirically-based practices.

Ensure that youth with multi-agency involvement (e.g., Department of Education, Department of Human Services, Office of Youth Services, Family Court, Alcohol and Drug Abuse Division, Developmental Disabilities Division) receive integrated service delivery.

Ensure that services for the high end, multi-agency youth are defined to produce measurable results and are cost efficient.

C. Description of the Target Population To Be Served

Multidimensional Treatment Foster Care targets youth exhibiting severe and chronic antisocial, aggressive and/or delinquent behavior and emotional issues who are between the ages of nine (9) through seventeen (17). This level of care is primarily intended as an alternative to group or residential placement.

To ensure the effective use of MTFC treatment with youth with a variety of complex problems, and produce results in a cost-effective manner, the following referral criteria must be met.

Inclusion Criteria

1. The youth must be between the ages of nine (9) through seventeen (17);
AND
2. The youth must be identified as needing an out-of-home placement due to challenging delinquent, disruptive, and mental health issues;
AND
3. The ability of the youth's family or current caregivers to safely and adequately respond to the youth's needs is significantly strained;
AND
4. There is a reasonable expectation that the youth and family can benefit from MTFC therapeutic foster care within six (6) months;
AND
5. Either an adequate trial of active treatment at a less restrictive level has been unsuccessful or the youth is currently placed in a group or residential care facility;
AND
6. The youth has an adult/parental figure willing to assume the long term parenting role and to actively participate with MTFC service providers in the MTFC program for the duration of MTFC treatment for that youth.

Exclusion Criteria

1. MTFC services cannot be provided at the same time as Therapeutic Group Home Care (General or Individualized), Community-Based Residential Care (General and High Risk) or Hospital-Based Residential Care.

2. MTFC services cannot overlap with Multisystemic Therapy (MST) or other home or community-based services except where the youth will be transitioned out of MTFC within thirty (30) days of MST or the community-based referral. For youth transitioning from MST to MTFC, service overlap is allowed up to 7 days from the referral date.
3. Youth with the following conditions are excluded from admission:
 - Youth for whom a long-term primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends, and other potential surrogate caregivers.
 - Youth in need of immediate crisis stabilization because of active suicidal, homicidal, or psychotic behavior. Once stable, youth who otherwise meet the eligibility criteria may be referred into the MTFC program.
 - Youth with Moderate to Severe Mental Retardation or Autism Spectrum Disorders (also known as Pervasive Development Disorder).
 - Youth with mental disorders due to a general medical condition.
 - Youth with a current active thought disorder requiring 24/7 medical and nursing supervision.
 - Youth who can effectively and safely be treated at a less restrictive level of care.

D. Geographic Coverage of Service

The CAMHD seeks a single agency or multiple agencies to provide Multidimensional Treatment Foster Care service sites on the island of Oahu and the island of Hawaii.

The various members of the MTFC team, including the youth's family of origin (or alternative long-term family resource), should be within 2 (two) hours travel time of each other **at a maximum**.

All applicant agencies should address the following areas in this section of the RFP response:

1. Where will the members of the MTFC treatment team be housed? List the office location for each team member.

2. In terms of travel time, how far are MTFC foster homes from the location of the treatment team (include closest and farthest)?
3. In terms of travel time, how far are the public schools in which the MTFC youth will be enrolled from the foster homes (include closest and farthest)? In terms of travel time, how far are these schools from the location of the treatment team (include closest and farthest)?
4. In terms of travel time, how far are the homes of the birth families or alternative aftercare resources from the location of the treatment team (include closest and farthest)?

E. Probable funding amounts, source, and period of availability

Funding for this service is subject to appropriation, budget execution policies, and availability of funding. Federal funds may be used, if available.

II. General Requirements

A. Specific qualifications or requirements, including but not limited to licensure or accreditation

The applicant shall comply with the Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/1/98), which can be found in the POS Manual.

The Contractor shall comply with all applicable federal, state, and county laws; ordinances, codes, rules, and regulations; and policies and procedures of the CAMHD, as the same may be amended from time to time, that in any way affect the Contractor's performance.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Council on Accreditation of Rehabilitation Facilities (CARF), or Council on Accreditation (COA) is required. The applicant who has obtained JCAHO, CARF, or COA accreditation will describe the type of accreditation, location and type of facility, and effective date(s) of accreditation and submit evidence of accreditation with their proposal. Contractors are required to immediately notify CAMHD Contracts Management Section if their accreditation status changes at any time during the contract period.

The Contractor must comply with the standards and practice guidelines in this RFP and applicable parts of the IPSPG as the same may be amended from time to time.

At all times, the Contractor must meet the licensure requirements of the Department of Human Services for foster home. The specific details are found in XXVI "Facilities" of this Section and Attachment D of Section 5 of this RFP entitled "Performance Standards and Practice Guidelines for Multidimensional Treatment Foster Care."

B. Secondary purchaser participation

(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases

None.

C. Multiple or alternate proposals

(Refer to §3-143-605, HAR)

☐ Allowed ☒ Unallowed

D. Single or multiple contracts to be awarded

(Refer to §3-143-206, HAR)

☐ Single ☐ Multiple ☒ Single & Multiple

Criteria for multiple awards:

Multiple contracts may be awarded, but only one contract will be awarded for Oahu and one contract awarded for Hawaii based upon proposal submission for MTFC services.

In consideration of the flexibility needed to bring up multiple sites, the proposal will be reviewed in accordance with the following additional criteria.

1. Interest of the State to have a variety of providers in order to provide choices for clients.
2. Interest of the State to have geographic accessibility.
3. Readiness to initiate and maintain services.
4. If funded in the past by the CAMHD, the ability of applicant to fully utilize funding.
5. Past performance of applicant in terms of contract compliance (i.e. timely submittal of reports and corrective action plans).

6. Accreditation status.
7. Applicant's past fiscal performance based on the State's fiscal monitoring.
8. Applicants past program performance, based on the State's program monitoring.

E. Single or multi-term contracts to be awarded

(Refer to §3-149-302, HAR)

☐ Single term (≤ 2 yrs) ☒ Multi-term (> 2 yrs.)

Contract terms:

State the length of the initial term, conditions/requirements for subsequent terms and the maximum length of a contract.

Initial term of contract: 10/1/05 (or sooner) – 6/30/06

Length of each extension: 12 Months

Number of possible extensions: 5

Maximum length of contract: Six Years

The initial period shall commence on the contract start date or Notice to Proceed, whichever is later. October 1, 2005

Conditions for extension:

The Agreement may be extended provided that the Agreement price shall remain the same or is adjusted (increased or decreased) based on a negotiated price mutually agreed upon, subject to the availability of appropriated funding. Contract renewals will be based on contracted agency's annual performance review, on CAMHD's determination of need for specific and/or all program components for contract renewal. The Agreement must be in writing and must be executed prior to expiration.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

The CAMHD Public Health Administrative Officer, Orvin Fillman, is responsible for this RFP. The CAMHD RFP Coordinator, Craig Kodama, is the point of contact from the date of release of this RFP until the selection of the successful provider or providers. Mr. Kodama may be contacted at (808) 733-9338.

III. **Scope of Work**

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

1. MTFC Training

Although CAMHD will support the cost for this training, all contract agency MTFC Therapists, Counselors, and MTFC Clinical Supervisors will be required to attend scheduled MTFC training(s) in Hawaii as appropriate.

Training will be provided by Oregon-based MTFC consultants.

The cost of this training (other than travel expenses) is being covered by CAMHD and is not to be included in the proposal budget. This training will include both pre-service and ongoing in-service training and consultation.

Training and consultation for MTFC clinical staff is provided in a variety of ways, including 1) an initial four day Clinical Team Training, 2) an initial two day Foster Family Training, 3) three additional MTFC on site consultation visits, and 4) weekly telephone consultation provided by Oregon-based consultants to each MTFC Clinical Supervisor.

a) Clinical Team Training

Four (4) days of intensive pre-service training are provided for all staff who engage in treatment and/or clinical supervision of MTFC cases. This includes all MTFC Clinical Supervisors, Individual Therapists, Family Therapists, and Parent Daily Report (PDR) Callers.

Initial training for MTFC Clinical Teams will be provided by Oregon-based MTFC consultants on Oahu and/or Hawaii, respective to the teams' locations. Subsequent Clinical Team member training is available in January, April, July and October yearly at the MTFC model site in Eugene, Oregon. New MTFC Clinical Team staff may work no more than 60 days prior to participating in a Clinical Team Training.

All Clinical Team members are required to attend pre-service Clinical Team Training in order to familiarize

participants with the MTFC treatment approach via a combination of didactic instruction, role-playing, and case examples.

The objectives of the Clinical Team Training are:

- To familiarize participants with MTFC treatment manuals, program descriptions, and related research publications;
- To describe the family, foster family, school, and individual intervention strategies used in MTFC;
- To train participants to conceptualize cases and interventions in terms of the principles of MTFC; and
- To provide participants with practice in delivering multidimensional interventions.

b) Foster Family Training

Two (2) days of intensive pre-service training are provided for all MTFC foster parents. All Clinical Team members must attend at least one such MTFC Foster Family Training session.

Initial MTFC Hawaii Foster Family training will be provided by Oregon-based MTFC consultants at each of the two MTFC sites in Hawaii. Subsequent Foster Family training will be provided as needed by the local MTFC Clinical Supervisor and PDR Caller/Trainer. A foster family must successfully complete MTFC pre-service Foster Family Training prior to placement of any youth with that family.

MTFC Foster Family training methods are didactic and experiential and include:

- An overview of the MTFC model;
- A four-step approach to analyzing behavior;
- Demonstration and discussion of key procedures for implementing the individualized daily program; and
- A review of MTFC policies and procedures.

c) **Additional On-Site Consultation Visits**

The content of each of three additional training/consulting visits provided on site by Oregon-based MTFC consultants will be dictated by the emerging needs of the two MTFC Hawaii Teams.

d) **Weekly Telephone Consultation**

Weekly MTFC telephone consultation is provided to each local MTFC Clinical Supervisor by Oregon-based MTFC consultants. All MTFC Hawaii Clinical Teams must provide daily PDR child data and video tapes of weekly Clinical Team and Foster Family meetings to the Oregon-based MTFC consultants in advance of each weekly telephone call. The content of these materials guides the related discussion of treatment plans, progress, issues, and problems for each youth currently in MTFC care.

2. MTFC Program

Each MTFC team consists of a full-time MTFC Clinical Supervisor, a half-time Individual Therapist, a half-time Family Therapist, a full-time Foster Family Recruiter/Trainer/PDR Caller, a variable number of Skills Trainers, and 10 – 12 MTFC Foster Families. Each Foster Family typically has a single youth in its care at any point in time.

Services must be provided in accordance with the MTFC principles, standards, and training protocols.

The specific credentials of the staff or mental health professional, the requirements of the service, the documentation requirements, and the service procurement guidelines are all clearly specified in this Request for Proposals.

Individuals and/or contractors with demonstrated successful experience in providing Therapeutic Foster Care (TFC) and/or MTFC are preferred.

3. MTFC Referral Process

The MTFC services sought in this RFP require referrals from the CAMHD Family Guidance Center (FGC) Care Coordinator or other CAMHD designee. Confirmation of the request for services will be completed by the FGC Care Coordinator or

other CAMHD designee using a team-based decision model, and guided by protocols developed from generally accepted utilization management guidelines. In order for CAMHD to develop a cost effective and accountable system, it is required that this referral protocol be followed.

The MTFC Team Referral Process will be implemented as follows:

- a) Based upon the target population as defined in this RFP, the FGC Care Coordinator or designee determines and documents the referral to the MTFC Team. The Contractor agrees to accept all referrals that meet the eligibility criteria for the target population (within the MTFC Clinical Team capacity at that time).
- b) All youth and families who enter MTFC services shall be asked to sign an agreement or contract affirming their willingness to participate in the program and comply with all MTFC program requirements.
- c) The Contractor is required to work with families who are reluctant to participate and who may be uncooperative. Should a family refuse MTFC services, after agreed upon attempts to engage, the MTFC Clinical Supervisor notifies the referring Care Coordinator, in writing, within 48 hours of the last attempt to engage the family. This notification shall describe all attempts to engage the family.

4. MTFC Program Standards

The services of each MTFC Clinical Team must be provided in accordance with the following standards, unless given written exception by the CAMHD Medical/Clinical Director:

- a) Shall serve a minimum of 10 youth and their families each year;
- b) Shall maintain a supervisor to direct service staff ratio of one (1) full-time MTFC Clinical Supervisor to each Clinical Team, including the associated 10 – 12 MTFC Foster Families. The MTFC Clinical Supervisor, Clinical Team, and foster families will adhere to the MTFC treatment model;

- c) Shall assign a caseload of 1 youth to each MTFC Foster Family, and 10 – 12 youth to each Individual and Family Therapist. Direct contact with each youth shall exceed 5 hours/day while the youth is in foster family care, over an average of six to nine months in placement;
- d) Shall have the MTFC Clinical Supervisor available to all MTFC foster families and Clinical Team members 24 hours per day, seven days a week;
- e) Shall schedule regular weekly team meetings between the MTFC Clinical Supervisor and the Clinical Team and between the Program Supervisor and the foster families for the purpose of reviewing individual case progress, and consulting on behavior management plans, level and point system progress, and on any action steps and activities needed on MTFC cases; and
- f) Shall provide for contact between the MTFC Clinical Supervisor and the assigned Care Coordinator at a minimum of once monthly for the purpose of case reviews, program compliance, training and other issues.

5. MTFC Service Standards

The contracted agency shall provide services in accordance with the following standards.

- a) MTFC Therapists must attempt face-to-face contact with each family within 24 hours (immediately if an emergency) of approved referral to MTFC. If unable to make face-to-face contact within 72 hours, the referring Care Coordinator shall be notified immediately.
- b) Provide comprehensive individualized and family-centered MTFC treatment to each family. The treatment process shall begin with goal setting that addresses the changes that the family would like to see over the treatment period (approximately six to nine months). This process shall focus on specific areas of action to be addressed on a daily or weekly basis. Any barriers to treatment success shall be addressed as soon as they are identified.
- c) Collaborate with the family in developing an enduring social support network in the natural environment.

d) The MTFC Therapist must provide a range of goal-directed services to each client/family which may include but shall not be limited to:

1. Improving parenting practices;
2. Increasing family affection;
3. Decreasing association with deviant peers;
4. Increasing association with pro-social peers;
5. Improving school/vocational performance;
6. Engaging youth/family in positive recreational activities;
7. Improving family/community relations;
8. Empowering the family to solve future difficulties;
9. Teaching appropriate parenting skills, such as: alternatives to corporal punishment, appropriate supervision of children, age appropriate expectations, choices and consequences, display of greater parent/child affection and trust.
10. Family and marital interventions consistent with MTFC principles;
11. Individual interventions for parents and youth consistent with MTFC principles;
12. Aiding the family in meeting concrete needs such as housing, medical care and legal assistance and assisting in making available follow-up support resources as needed;
13. Teaching the family behavioral skills needed to provide a positive environment (example, level and point system skills, etc.);
14. Referring and linking the family with follow-up services when necessary to ensure continued success in meeting the family's MTFC treatment goals;
15. MTFC Therapists provide service to the youth/family for an average of six (6) to nine (9) months. If needed, a family responding positively to treatment, may receive services for a longer duration for more difficult problems, if approved in writing by the CAMHD System Supervisor in consultation with the CAMHD Medical/Clinical Director; and
16. Termination of services or requesting extended services.

6. MTFC Service Plan Development

The contracted agency shall require MTFC Therapists to write a service plan for each family. Service plans shall be developed in accordance with the following:

- a) Identify the multiple determinants of anti-social behavior for each case.
- b) Identify and document the strengths and needs of the adolescent, family, and the extra-familial systems (peers, school, neighborhood, etc.).
- c) Identify and document problems throughout the family and extra-familial systems (peers, school, neighborhood, etc.) that explicitly need to be targeted for change, in collaboration with the family.
- d) Incorporate the desired outcomes of the key participants and/or stakeholders involved in the family's treatment (e.g. parents, probation, social services, school personnel, etc.).
- e) MTFC Clinical Supervisor shall review and approve all service plans prior to sending to the FGC Care Coordinator.
- f) Service plans shall be sent to the Family Guidance Center Care Coordinator within five (5) days from the time of the therapist's first meeting with the family. The plan will identify family/client strengths, help the client/family define specific goals, provide instruction in ways to prevent the recurrence of delinquent behavior and other family conflict, and set up resources and skills to maintain ongoing progress.
- g) The MTFC Clinical Supervisor shall submit brief monthly reports to that Care Coordinator summarizing activity with each case, using the most current version of the CAMHD Provider Monthly Summary Form. Additional material may be attached to the standard CAMHD form if desired.

7. Termination

Upon termination of a youth from the Hawaii MTFC program, the Contractor shall submit a written final progress report, in the

format prescribed by CAMHD, to the referring Family Guidance Center Care Coordinator and shall provide the following:

- a) Written notice to the referring care coordinator 30 days prior to closing/ending MTFC services, indicating intent to close. Exceptions to this time frame can be made with the approval of the CAMHD MTFC System Supervisor.
- b) A written termination report, using the required format, shall be submitted to the referring Care Coordinator no later than seven days after the case closure. The client's family may be invited to attend the staffing discussion. The termination report shall be approved, in writing, by the MTFC Clinical Supervisor, prior to submission to the referring Care Coordinator.
- c) A termination interview with the family to summarize the progress made during treatment, review options for maintaining progress, and assess the family's satisfaction with the MTFC services that were provided. The referring Care Coordinator shall be invited to the termination interview.

If during treatment a determination is made by the MTFC client's treatment team that out of home placement is a more appropriate service, and/or the Care Coordinator seeking such placement, MTFC services will be terminated. The MTFC Clinical Supervisor should attempt to arrange a final meeting with the family to review treatment progress, the family's safety/crisis plan, and reasons for termination. The CAMHD Care Coordinator will arrange for interim services for the family, if any are needed, prior to the client's placement. This termination process shall not exceed 7 days from the date of the MTFC Clinical Team's decision. Any exceptions to this process require the approval of the CAMHD MTFC System Supervisor and Oregon based MTFC consultant.

8. Statement(s) of Intent

The applicant shall submit a statement of intent to participate in training, consultation and peer supervision to the CAMHD MTFC System Supervisor.

The applicant shall submit a statement of agreement to deliver MTFC services in accordance with CAMHD and MTFC principles, standards, and protocols as outlined in this RFP.

B. Management Requirements (Minimum and/or mandatory requirements)

1. Personnel

All applicant agencies should address the following areas in this section of the RFP response:

Please list all members of the MTFC Clinical Team that you have identified so far to date. For each member, please indicate his/her role on the team, level of education, previous relevant experience, and intended FTE at the start of the program and after six months of operation. Will identified team members have any responsibilities outside of the MTFC program, either for the contracting agency and/or other agencies or sources of employment?

Please indicate how members of the MTFC Clinical Team not yet identified, (if any), will be recruited. Will they be recruited from within your organization or do you intend to hire new employees for these positions? For each position, please list the required qualifications. Please indicate what, if any, responsibilities outside of the MTFC program are envisioned for each of these team members.

What is the targeted hiring or appointment date for each of the MTFC Clinical Team members?

The Contractor will adopt Medicaid requirements for credentialing and recredentialing of clinical personnel providing services to eligible youth and CAMHD policies and procedures on initial credentialing and recredentialing (CAMHD P&P 80.308 and 80.301.1 and any related policies and procedures), including the maintenance of written policies and procedures for credentialing and recredentialing licensed professionals and paraprofessional staff.

MTFC Clinical Supervisors must meet the requirements for a Qualified Mental Health Professional specified in the IPSPG as well as the CAMHD credentialing requirements based upon National Commission for Quality Assurance (NCQA) standards.

MTFC Therapists must meet the requirements for a Mental Health Professional or Paraprofessional as specified in CAMHD credentialing requirements and the IPSPG—with the exception

that paraprofessionals must have a minimum of 5 years of appropriate supervised experience.

The MTFC Clinical Supervisors shall be assigned to the MTFC program on a full-time basis. MTFC Family and Child Therapists may be assigned on a half- or full-time basis. Licensed Social Workers, MFTs, or APRNs are preferred.

Contracted agency must adhere to a direct employment model. Contractor assumes all responsibility for the quality of work provided by employees.

Applicant must describe how it will implement measures to ensure that all employees are oriented to the IPSPG, Evidence Based Services Committee Biennial Report, the Hawaii Child and Adolescent Service System Program (CASSP) Principles, and the most recent Evidence Based Services Matrix of Psychosocial Interventions and Psychopharmacology (i.e., “blue menu”). Documents aforementioned are available on the following website, <http://www.state.hi.us/health/camhd/>.

Applicant must ensure that it will adhere to all applicable state laws regarding the obtaining and release of client information.

2. Administrative

All applicant agencies should address the following areas in this section of the RFP response:

Describe the reasons why your organization is interested and motivated to implement MTFC.

Describe all current services provided by your organization, the number of staff members involved in each type of service and the number of clients receiving each type of service per year. If your organization has offices in multiple locations, please indicate where your offices are located, and in which office your MTFC program(s) will be located. If your organization is already providing foster care services, please describe this program in detail.

Who in your organization will be responsible for providing the leadership for the implementation of MTFC, and what is his/her position/job title?

Please describe your organization's experience with foster parent recruitment, if any. Include information on what recruitment strategies you have used, and what specific challenges you foresee with regard to foster parent recruitment for MTFC.

In MTFC, foster parents must work closely with program staff, attend weekly meetings, provide daily behavioral information regarding the placement child, provide a high level of supervision, implement a structured behavior contingency plan and are limited to one placement child. What challenges do you see with these requirements and how do you anticipate that the challenges might be overcome?

Once contracts are in place and initial training has been provided to both the Clinical Team and the foster families, please indicate the anticipated timeline for bringing the MTFC program up to capacity (i.e., how many placements after one month, how many after three months, etc., until the team reaches capacity of approximately 10 placements).

In MTFC, certain information is generated in the course of the operation of the program (PDR-information, point and level charts, school cards, etc.). CAMHD and/or your organization may have documentation requirements with regard to MTFC placements. In order to coordinate the information generated in the program with your documentation requirements, please provide a description of these requirements. Please attach all forms pertaining to these requirements.

All applicants must demonstrate that they will have the appropriate computer hardware, software, and video equipment to meeting the documentation, analysis of data, and reporting requirements of the MTFC program.

All applicants shall identify the policies and procedures to maintain personnel/provider files of training, supervision, credentialing, and ongoing monitoring all mental health professional/staff performance.

Applicants must identify how they would provide the necessary infrastructure to support the provision of services in compliance with the standards as specified herein.

Contractor must maintain supporting documentation for credentialing in separate files on Contractor's premises.

Contractor must make this information available to CAMHD as requested.

Contractor must maintain a written policy and procedure that will identify the Contractor's process for primary source verification of all clinical personnel.

Contractor must maintain a process for ensuring that credentialed staff have the basic skills and expertise necessary to engage in specific clinical practice assigned.

Contractor must maintain a client record for each youth accepted. This record shall include, but is not limited to, the following:

- a) Client referral sheet.
- b) Date of initial request for service.
- c) Results of the strength and needs assessment.
- d) Service plan.
- e) Weekly MTFC Progress Summaries.
- f) Goal attainment summary.
- g) Family's response.
- h) Ongoing progress reports, at least monthly, detailing:
 - Specific interventions used and outcomes;
 - Notation of every contact (MTFC treatment logs) to include date, time and duration of contact;
 - Placement status determination, including date;
 - Termination Summary; and
 - Any other pertinent material deemed necessary or as specified by the most current IPSPG.

The Contractor shall collect, maintain and report to CAMHD, on a quarterly basis, information documenting progress towards achieving the outcome objectives cited in this RFP.

The Contractor shall allow CAMHD representatives or any authorized representatives full access to all case files and administrative records for the purpose of program evaluation and/or contract monitoring.

To ensure consistent administration of MTFC treatment adherence measures, Oregon-based MTFC consultants will collect and analyze data on each youth in the Hawaii MTFC program. Contractor will be responsible for providing Oregon-based MTFC consultants with data on each youth in their

service. The cost for the collection and analysis of such data must be included in the proposed budget of the applicant (see Attachment G, MTFC Cost Calculator).

3. Quality Assurance and Evaluation Specifications

All contractors must participate in at least annually, and possibly more frequently, contract monitoring. This contract monitoring is based on compliance with the standards defined by this request for proposal and compliance with all administrative and fiscal aspects of the contract.

Contractors must assure the provision of quality services. Contractors must follow the CAMHD Quality Assurance and Improvement Program (QAIP) requirements that meet Medicaid requirements. The Contractor must create and maintain an internal QAIP to assure the delivery of quality services and a plan for program assessment and continuous improvement. At a minimum, this plan must address and include:

- a) A description of the organization's vision, mission, and values, inclusive of:
 - a. Goals and objectives;
 - b. Scope of the QAIP;
 - c. Specific activities to be undertaken, including studies;
 - d. Continuous tracking of issues;
 - e. Focus on educational and positive behavioral health outcomes;
 - f. Systematic process of quality assessment and improvement;
 - g. Evaluation of the continuity and effectiveness of the QAIP;
 - h. Resources needed for the activities of the QAIP; and
 - i. A description of how QAIP documentation will be maintained and available for inspection and review.
- b) A description of how the organizational structure supports and supervises its QAIP, and the internal mechanisms involved in quality monitoring process. Description of the roles and responsibilities of organizational staff, youth, families, and direct providers.

- c) A description of how QA activities findings, conclusions, recommendations, and actions taken shall be documented and reported.
- d) Demonstration of an active QA committee.
- e) Description of the utilization review and management programs.
- f) Description of the following:
 - a. Plan for ongoing credentialing and re-credentialing compliance;
 - b. Plan for managing communication of youth's rights and responsibilities;
 - c. Plan for service accessibility and availability; and
 - d. Plan for how records will be maintained, including how confidentiality will be ensured in compliance with all relevant state and federal laws and regulations.
- g) Complete yearly evaluations of workers to assess knowledge of and compliance with MTFC philosophy and intervention strategies.
- h) Participate in quality assurance evaluation activities as designated by CAMHD, including but not limited to service testing methodology. Activities include, but are not limited to group meetings, site visitations, and peer review of policies and procedures.
- i) Contractors should arrange for the collection of MTFC program adherence measures through contracts with MTFC Services, Inc. These costs will not be covered by CAMHD directly, so allowances should be made in proposal budgets. The CAMHD MTFC System Supervisor will have access to MTFC program adherence measures data for all teams.
- j) Providers are responsible to administer the MTFC Supervisory Adherence Measure. The implementation and scoring of these measures is estimated to take one hour of administrative time per week per MTFC staff member (a total of four hours per week of administrative time for a team consisting of a supervisor and four therapists).
- k) **Sentinel Events and Incidents:** All Contractors must have internal policies and procedures regarding sentinel events and incidents in accordance with the CAMHD Sentinel Event/Incidents Policy and Procedure (CAMHD P&P 80.805). Contractors must notify the FGC and CAMHD Sentinel Events Coordinator of all sentinel

events as defined, within twenty-four (24) hours by fax or telephone. Written reports, in a format specified by CAMHD, must be submitted to the FGC MHCC and the CAMHD Sentinel Events Coordinator within seventy-two (72) hours.

- l) **Client Rights and Grievances Process** in alignment with CAMHD Consumer Rights policy and procedure 80.603.
- m) **Seclusion and Restraints:** Any use of seclusion and restraint must be documented and tracked following the use of the most recent and current Centers for Medicare and Medicaid Services accreditation requirements and CAMHD Policy and Procedure 80.602.
- n) To ensure high quality health care and maintain professional standards, all Contractors are subject to peer reviews.

4. **Experience**

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed services, as specified in this RFP. The applicant shall also provide a listing of verifiable experience with projects or contracts for the most recent five years that is pertinent to the proposed services.

5. **Coordination of services**

The Contractor must agree to collaborate with families, schools, other state agencies, the judiciary, and other mental health providers in the provision of MTFC services to all CAMHD youth. The applicant shall submit documentation showing evidence of collaborative relationships with families, Community Children's Councils (CCCs), schools, provider agencies, and other community organizations in the geographic area involved.

The applicant shall address measures to be taken to integrate services with schools, agencies, and other CAMHD contracted providers.

6. **Reporting requirements for program and fiscal data**

The following information must be provided:

a) **Fiscal Data**

- 1) The Contractor, in the manner and format to be determined by CAMHD, must submit the monthly expenditure reports.

All contractors are required to bill electronically and fully adhere to the billing reporting requirements of the CAMHD. Provider reporting currently uses a detailed diskette submission system or the Health Insurance Portability and Accountability Act (HIPAA) compliant provider reporting submission model. Current provider reporting submission instructions can be downloaded from **<http://cmhpr.health.state.hi.us>**

Contractors are responsible for planning, implementing, and maintaining their own Information System. Contractors must also supply Child and Adolescent Mental Health Management Information System (CAMHMIS) with a functional e-mail address that can receive documents as well as notices. CAMHD will not be providing technical support for Provider Information Systems or e-mail.

Contractors are required to have computer hardware that supports Microsoft Windows 2000, Microsoft Access 97, Internet connection, Internet e-mail, and laser printer.

Original monthly claims must be submitted within thirty (30) calendar days after the last day of each calendar month. All submissions and corrections must be properly received by CAMHMIS ninety (90) days after the last day of the billing month.

All Provider Reporting Data must be submitted in the manner and format specified by CAMHMIS.

- 2) The provider shall submit an annual organization-wide fiscal audit completed by an certified public accountant in accordance with the following standards.
 - (a) Generally accepted auditing standards issued by the American Institute of Certified Public Accountants.

- (b) Government Auditing Standards issued by the Comptroller General of the United States.
- (c) Office of Management and Budget (OMB) Circular A-128 for state and local governmental agencies, if applicable.
- (d) Office of Management and Budget (OMB) Circular A-133 for institutions of higher education and other non-profit organizations, if applicable.
- (e) The audit must be conducted on an annual basis and submitted to the STATE within six months after the close of the organization's fiscal year.

b) Program Data

- 1) The Contractor shall, at the completion of the contract period, submit a final written report summarizing contract performance to the CAMHD in a format to be prescribed by CAMHD.
- 2) Submit quarterly summary of quality assurance findings as identified in the Contractor's QAIP; reporting on performance measures selected by CAMHD; and any reporting on required improvements or corrective actions as determined through the monitoring process
- 3) All CAMHD contractors must have policies and procedures that address critical risk management activities that include the following:
 - a) **Monthly Credentialing** report identifying active and terminated staff in prescribed CAMHD Credentialing format and in adherence with CAMHD Credentialing and Recredentialing policies and procedures.
- 3) Contractor shall submit quarterly Title IV-E training activities and cost reports to the CAMHD Practice Development Section, and, as requested, participate in a CAMHD Random

Moment Survey activity.

- 4) The provider shall furnish any additional reports or information that the CAMHD may require or request from time to time.

7. Pricing structure or pricing methodology to be used

The method of pricing shall first be reimbursement of actual expenditures. The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the Contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation. The proposal budget shall be prepared in accordance with Chapter 103F, HRS, Cost Principles. Budget line items are subject to review, approval, and acceptance by the state purchasing agency.

After the first term of the contract or thereafter and based upon cost, utilization and performance reviews, the CAMHD may change the cost structure to performance-based (unit cost) to ensure that the required performance quality levels are achieved and that total payment is related to the degree that services performed meet contract standards. Rates will be negotiated based upon budget agreements, past expenditures and the Contractor's performance.

The unit rate is inclusive of all cost items whether it be direct or indirect when providing a service. Example of indirect costs include, but are not limited to, personnel reference checks, orientation, training, clinical supervision, travel time, outreach costs, telephone calls, collateral contacts and travel unless specified as a billable service. There is no payment for wait time, no-shows, and or cancellations.

CAMHD will be responsible for the travel costs of therapeutic visits for youth and family who are participating in an out of home placement program on another island other than their home during the youth's stay. These therapeutic visits are for the purposes of reintegration and family treatment and need to be part of a planned treatment intervention that is documented in the youth's treatment plan with the FGC consensus. The treatment plan needs to reflect care coordinator and/or Clinical Director's involvement in the plan.

Travel for these therapeutic visits requires a ***prior written authorization*** from the FGC. CAMHD will not be responsible for payment for travel provided by contracted agencies ***without prior written authorization from the FGC***.

CAMHD ***does not*** pay for pre-acceptance interviews or visits, either hourly or overnight, to the program.

CAMHD ***does not*** pay to hold the bed for youth transferred to a more intensive level of care except for youth needing acute treatment. The CAMHD may elect to hold the bed for up to seven (7) consecutive days at fifty percent (50%) of the unit rate with prior written CAMHD authorization.

CAMHD reserve the right to negotiate with contractor on bed hold and therapeutic pass payment.

8. Units of service and unit rate

The unit of measure is based on a day rate in which a unit = one (1) day.

Unit rates will be negotiated based upon budget agreements, past expenditures and the Contractor's performance and risk factors.

IV. Facilities

The applicant proposing services that involve foster home facilities must possess a valid Hawaii facility license to operate those programs or submit plan for licensure. The facility must be licensed prior to accepting any youth in the facility. Failure to obtain licensure will be considered a substantial breach of contract and may result in contract termination.

The applicant must obtain a certification of approval for foster parents from the Department of Human Services as a certified Foster Family and meet the requirements to be a certified home. These requirements are described in Title 17, Subtitle 6, Chapter 890 "Certification of Foster Family Boarding Homes for Children" and Title 17, Subtitle 6, Chapter 893 "Licensing of Child-Placing Organizations" of the Hawaii Administrative Rules (HAR).

The contractor is expected to address all applicable requirements identified in these documents (as the same may be amended from time to time), and state how they will meet the requirements, including the process used, and who will be responsible for each task.

Contractors shall send a copy of all applicable State Child Placement Organization and foster parents certificate of approval to CAMHD's Facility Certification Nurse Specialist each time facilities are granted a certificate of approval and upon renewal.

The applicant must provide disclosure(s) of any suspension or revocation of certification for any foster home owned or operated by the applicant organization in the last five years. Such disclosure will describe the reason for the suspension or revocation of certification. The purchasing agency reserves the right to determine the eligibility to submit a proposal of applicant organization(s) who have had licensure suspended or revoked for any reason.

At minimum, MTFC home shall include adherence to the following facility standards.

1. The facility shall be structurally sound so as not to pose any threat to the health and safety of the consumer and to protect consumers from the elements.
2. The facility shall be accessible and capable of being utilized without unauthorized egress and regress through other private properties. The facility shall provide multiple means of egress in case of fire.
3. Each consumer shall be provided a bedroom with adequate space and security for the consumer and the consumer's personal effects.
4. Every room in the facility shall be provided with natural or mechanical ventilation, including windows or air conditioning units. The facility shall be free of pollutants that threaten the health of consumers.
5. Consumers shall have access to bathrooms that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness.
6. The facility shall have adequate lighting provided by either a natural source, such as sunlight, or by artificial means, including light fixtures.
7. All equipment and appliances in the facility shall be operational and in sanitary condition.
8. The facility shall include, at a minimum, one battery-operated or hardwired smoke detector on each level of the facility, which shall be in proper working condition. Smoke detectors shall be located in each bedroom and in a hallway adjacent to a bedroom. If hearing impaired consumers occupy the facility, a smoke detector with an alarm system designed for the hearing-impaired shall be provided in each bedroom occupied by a hearing impaired consumer.
9. The facility shall develop and adhere to health, fire, and safety regulations within the residence in accordance with State, City, County, and accreditation standards. Provide supervision to consumers to ensure adherence to health, safety, and fire regulations and standards.

10. The facility will be “homelike” and comfortable with evidence of individual possessions and decorations.

Additional requirements include the following.

1. In addition to the requirements described in §17-890-39, HAR, when the foster parents are absent from the home because of emergencies or planned vacations or other reasons, the foster parents *must* arrange for the supervision of the foster child by a reputable and responsible adult not having a criminal history record, employment history, or background which poses a risk to children in care.
2. The applicant must have or consult with a qualified dietitian to develop menus and food service to meet the nutritional needs of the residents including children requiring special diets.
3. The applicant shall have written policies and procedures and train foster parents on securing and storing medications; labeling and dispensing medication as ordered by a physician; recording medication administration, client request for adjustment or change, and any side effects and notifying physician or advance practice registered nurse immediately of possible side effects; and disposing of medications.

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

*Text that is in italics with a border/box such as this are instructions/guidelines for state purchasing agencies and **should not be included in the RFP**.*

*If a section is not applicable to an RFP, delete the instructions below the section title and enter "This section is not applicable to this RFP." Do **not** delete the entire section. State purchasing agencies may add additional instructions, as applicable.*

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. **See sample table of Contents***
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (for the website address see the Proposal Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

II. Experience and Capability

A. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

The applicant must submit evidence of JCAHO, CARF, COA, or other comparable accreditation indicating applicant is accredited.

The applicant must demonstrate capacity to provide treatment services in accordance with evidence-based practice findings.

The applicant must demonstrate its ability to obtain a certification of approval for foster parents from the Department of Human Services as a certified Foster Family and meet the requirements to be a certified home.

B. Experience

The applicant shall provide a description of projects/contracts pertinent to the proposed services.

The applicant shall provide description of serving disruptive behavior youth in foster care setting.

The applicant shall include points of contact, addresses, e-mail/phone numbers. The State reserves the right to contact references to verify experience.

C. Quality Assurance and Evaluation

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

The applicant shall describe its Quality Assurance and Improvement Program (QAIP) for the proposed services, including methodology. The QAIP shall include, but not be limited to, the organization's policies and procedures for ensuring that performance meets or exceeds the Standards and practice guidelines found in this RFP (as the same may be amended from time-to-time), and applicable sections of the IPSPG. The QAIP shall include a continuous quality improvement approach to improve performance in all service delivery. The QAIP must also be

responsive both to the internal organization standards for service delivery and the external standards of CAMHD, MedQuest Division (MQD), and the Individual with Disabilities Education Act (IDEA) and Rehabilitation Act of 1973, Section 504, Subpart D as amended.

A QAIP shall include:

1. A description of the organization's vision, mission, and values on which its plan for continuous quality improvement efforts are based, inclusive of:
 - Goals and objectives;
 - Scope of the QAIP;
 - Specific activities to be undertaken such as studies;
 - Continuous activity and tracking of issues;
 - Focus on mental health outcomes;
 - Systematic process of quality assessment and improvement;
 - Evaluation of the continuity and effectiveness of the QAIP;
 - Resources needed for the activities of the QAIP; and
 - A description of how QAIP documentation will be maintained and available for inspection and review.
2. A description of how the organizational structure (identified in Section 3, Part III-D) supports and supervises its QAIP, and the internal mechanisms involved in the quality monitoring process. In particular, the roles and responsibilities of organizational staff, youth, families, and direct providers should be described. This section should be inclusive of:
 - Description of accountability of the governing body of the organization;
 - Oversight and supervision of the QAIP;
 - How progress of the QAIP will be reviewed; and
 - Accountability for modifications to the program.
3. A description of quality improvement activities to be developed and implemented using performance information in specific activities, which include both internal continuous quality improvement efforts and mechanisms to obtain routine and regular community input concerning performance.
4. A description of how QA activities will be coordinated with other management activities including how findings, conclusions, recommendations, and actions taken shall be documented and reported.

5. A demonstration of active QA committee
 - Schedule of meetings
 - Documentation of activities
 - How findings and recommendations will be directed
 - Accountability to the governing body

6. Description of the organization's utilization review and management program to determine whether the level and the cost of benefits provided are appropriate to the mental health needs of clients. The plan will:
 - Establish and offer guidelines to maintain a system of reporting to assess the appropriateness of the services delivered and amount of services delivered;
 - Identify and maintain levels of review that correspond with the client's level of acuity;
 - Monitor service utilization guidelines including evaluating medical necessity;
 - Monitor and assure the prior authorization of services;
 - Monitor and assure the provision of services within the timelines stated in this RFP; and
 - Maintain a process of concurrent review for ongoing treatment and for requests for authorization of services.

7. A description of the following:
 - The organization's plan for ongoing compliance with credentialing and recredentialing, including primary source verification;
 - The organization's plan for managing how clients rights and responsibilities will be communicated;
 - The organization's plan for how services will be made accessible and available; and
 - The organization's plan for how records will be maintained including how confidentiality will be ensured.

D. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

The applicant shall describe mechanisms to be instituted to ensure that all services provided are coordinated internally within the organization, and externally with the Family Guidance Center, school(s), any involved Quest or other health plan, other provider agencies, and resources in the

community. Specifically, the applicant shall identify the major groups or agencies that coordination is proposed, and define how this will be accomplished.

The applicant shall also describe mechanisms for obtaining routine and regular stakeholder input in evaluating performance surrounding this coordination.

E. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

Specific to the provision of Foster Home, the applicant must describe the facilities to be utilized and must submit current Hawaii license(s) or detail the plan to obtain a license by the Department of Human Services.

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the Performance Standards and Practice Guidelines for MTFC of this RFP, the IPSPG, and personnel requirements in the Service Specifications, as applicable.)

2. Staff Qualifications

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable)

The applicant must describe mechanisms that ensure that all employed staff and subcontractors meet minimum qualifications (including experience) for any service identified in the proposal.

The applicant must describe the capacity and protocols to provide oversight and management of service delivery. The applicant must detail how they will provide the necessary administrative and managerial infrastructure to support the provision of services, in

accordance with this RFP and the Performance Standards and Practice Guidelines for MTFC.

The applicant must detail the agency's policies and procedures governing the hiring, credentialing, and re-credentialing of staff. These policies and procedures shall include, but not be limited to, a description of the agency's mechanism for obtaining verifiable information regarding the criminal history of persons employed, seeking employment, or contracted in positions which require the rendering of direct, non-witnessed mental health services to the youth.

The above criminal history requirement shall be met through the following means:

1. Documented disclosure from the person indicating whether or not he/she has ever been convicted of an offense for which incarceration is a sentencing option, the details thereof, and a signed attestation regarding the validity of the disclosure.
2. Written consent from the individual for the agency to conduct criminal history record and Child Abuse and Neglect (CAN) checks.
3. The agency's documented search and examination for evidence of an individual's criminal history by means of a criminal history record check conducted through the Hawaii Criminal Justice Data Center and the Hawaii Child Protective Services System.
4. Written procedures outlining the review and decision-making process for determining the hiring eligibility of a person seeking employment or in determining continued employment of a person when:
 - a. The individual is or will be involved in the rendering of direct, non-witnessed mental health services to youth;
 - b. The person has been convicted of an offense for which incarceration is a sentencing option;
 - c. The person has a confirmed case of CAN; and
 - d. The nature and circumstances of the crime or confirmed CAN is such that the person poses a risk to the health, safety, or well being of the child or adolescent client.

Furthermore, during the contract period, the agency must comply with any future DOH and CAMHD policies and procedures related to criminal history checks.

B. Project Organization

1. Supervision and Training

The applicant shall describe its ability to orient, supervise, train and provide administrative direction relative to the delivery of the proposed services.

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

IV. Service Delivery

Applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments and/or responsibilities and timelines and/or schedules.

A. Program Planning

Describe the process utilized by the organization to obtain information and collaborate with the local school system and the Children’s Community Councils (CCCs) in the development of this proposal and plan for service delivery.

B. Service Implementation

The applicant shall submit details of how the organization will maintain sufficient capacity to ensure the provision of services proposed. The applicant shall detail how coverage will be maintained during times of personal leave or staff vacancy.

The applicant shall submit details of how the organization will ensure the provision of services in the least restrictive and most convenient location for the youth and family; detail the organizational policies and procedures governing the respect for, and protection of, youth and family choice regarding service delivery location.

The applicant must describe policies and procedures to protect the rights of clients and families in the applicant's care.

The applicant shall detail the organizational policies and procedures surrounding the youth and family right of choice regarding service provider/professional options.

The applicant must provide a work plan possibly in the form of the organization's relevant policies and procedures, to illustrate intent to ensure timely delivery of services and the timely provision of information to FGCs, schools, and other significant parties.

The applicant must submit details of how the organization will maintain sufficient capacity to ensure the provision of services proposed. The applicant must detail how coverage will be maintained during times of personal leave or turnover. The applicant must demonstrate the capacity of credentialed professionals skilled in evidence-based treatment models.

For each service the applicant must describe the expected outcome the proposed treatment will produce. The applicant must be sure to formulate those outcomes in clear and **measurable** terms. The applicant must address how the proposed plan and services would support keeping youth within the least restrictive environment and within the home community.

The applicant must provide performance indicators and a performance evaluation plan. In addition, the applicant must provide empirical or other evidence that supports the applicant's proposed positive behavioral interventions or strategies to produce the desired outcomes.

C. Emergency/Crisis Capacity

The applicant shall submit details of the organizational mechanisms to be instituted to address crisis/emergent situations that may arise with the youth and family receiving services from your organization. The applicant shall specifically address individual crisis plans and detail staff accessibility 24 hours a day, seven days a week.

D. Service Provision

The applicant shall detail:

- The entry and flow of youth through the organization, identifying how the assessment and individualized treatment planning and

- review process will occur in an inclusive and collaborative manner within the organization;
- Describe the capacity for responding to referrals through a description of the applicant's procedures that ensure timely scheduling of appointments, processing of documents, and participation in conference meeting.
 - How the decisions regarding service recommendations and professional/provider assignment are made within the organization;
 - The population proposed to be served, the geographic area to be served, and the specific services to be provided;
 - How the proposed services will meet the goals of CAMHD; and
 - What standards the organization will use to evaluate the performance of staff.

V. Financial

A. Pricing Structure

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application. (It is suggested that the applicant use the MTFC Cost Calculator to estimate personnel and other expenses and submit one copy of the completed MTFC Cost Calculator with their application. An electronic version of the MTFC Cost Calculator can be found at the following website: <http://www.hawaii.gov/health/mental-health/camhd/resources/index.html>. The estimate costs are to be transferred to the State Procurement Office (SPO) budget and justification forms.

All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for website address). The following budget forms are required and shall be submitted with the Proposal Application.

SPO-H-205	Budget
SPO-H-205A	Organization-Wide Budget By Source of Funds
SPO-H-205B	Organization-Wide Budget by Programs
SPO-H-206A	Budget Justification - Personnel - Salaries & Wages
SPO-H-206B	Budget Justification - Personnel: Payroll Taxes, Assessments & Fringe Benefits
SPO-H-206C	Budget Justification - Travel-Inter-Island
SPO-H-206D	Budget Justification - Travel-Out of State
SPO-H-206E	Budget Justification - Contractual Services-Administrative
SPO-H-206F	Budget Justification - Contractual Services-Subcontracts
SPO-H-206G	Budget Justification - Depreciation
SPO-H-206H	Budget Justification - Program Activities

SPO-H-206I	Budget Justification - Equipment Purchases
SPO-H-206J	Budget Justification - Motor Vehicle

After the first term of the contract, the pricing structure may convert to performance-based (unit cost) to ensure that the required performance quality levels are achieved and related to the degree that services performed meet contract standards. The determination will be based upon issues affecting cost projections, utilization and performance reviews, and subject to availability of funding.

B. Other Financial Related Materials

1. Accounting System

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached):

Most recent financial audit with management letter in order to make a determination as to the adequacy of an applicant's accounting system.

The applicant must describe its fiscal operating procedures for accurate tracking of the cost of related services provided for each youth served.

2. Information System

The applicant will describe the organization's information system, inclusive of type of hardware, type of software, any plans for major changes, and the capability of your staff to use the system. Describe:

- The process for resolving any differences that may occur between CAMHMIS and the organization's system.
- Applicant's computer hardware. Is it IBM compatible? If it is not, provide the latest date by which compatible software will be available.
- How a youth is registered in the system, and how the services provided by the organization are accounted for within the system.

VI. Other

Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Section 4

Proposal Evaluation

Section 4 Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

Evaluation Categories

Possible Points

Administrative Requirements

Proposal Application

Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	15 points
Service Delivery	55 points
Financial	10 Points

TOTAL POSSIBLE POINTS

100 Points

III. Evaluation Criteria

Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Application Checklist
- Registration (if not pre-registered with the State Procurement Office)
- Tax Clearance Certificate
- Federal Certifications

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

Phase 2 - Evaluation of Proposal Application (100 Points)

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

1. *Experience and Capability (20 Points)*

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

A. Necessary Skills

1. Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services. *[3 points]*
2. Demonstration of success in providing services that allow CAMHD youth to remain in the least restrictive, most normalized environment. *[3 points]*

B. Experience

1. Demonstration that the intended staff for the proposed services will have appropriate and effective previous experience in working with the population of youth who will receive the proposed services. *[3 points]*
2. Demonstration of the applicant's history, if any, in effectively providing therapeutic foster care services and/or behaviorally-based interventions for CAMHD disruptive youth. *[3 points]*

C. Quality Assurance and Evaluation

1. Demonstration of a sufficient Quality Assurance and Improvement Program (QAIP) and evaluation plan for the proposed services, including methodology and all key elements as defined in this RFP. *[2 points]*
2. Demonstration that the applicant's governance structure is sufficient to ensure the success of the applicant's QAIP. *[2 points]*

D. Coordination of Services

1. Demonstration of prior success, capability, and a history of commitment to effective coordination of services and collaboration with families, agencies, schools, and community resources concerning the service plans for CAMHD youth in applicant's care. *[2 points]*

E. Facilities

1. Demonstration of adequate and appropriate facilities for the proposal services. *[2 points]*

2. Project Organization and Staffing (15 Points)

The State will evaluate the applicant's overall staffing approach to the service that shall include:

A. Staffing

1. Demonstration that the intended staff and contracted personnel for the proposed services will meet the requirements for staffing patterns, staff/client ratios, and proposed caseload capacity to insure the timely access to and provision of the proposed services, in accordance with the DOE and DOH Interagency Performance Standards and Practice Guidelines (IPSPG) and the attached Performance Standard and Practice Guideline on Multidimensional Treatment Foster Care. *[1 points]*
2. Demonstration of the applicant's ability to recruit staff/clinicians/mental health professionals who possess the minimum qualifications (including experience) as guided by the requirements of this RFP and the IPSPG, including the names and resumes of potential staff for the proposed services at the time of the proposal. *[2 points]*
3. Demonstration that intended staff and contracted personnel for the proposed services will meet the educational, experiential and licensing requirements for the proposed services, as defined in this RFP. *[1 points]*
4. Demonstration that the staff person proposed for the MTFC Clinical Supervisor position has current QMHP status along with in-depth clinical and supervisory experience with the CAMHD service population. *[3 points]*
5. Demonstration of ongoing success in meeting CAMHD credentialing and recredentialing requirements for staff and contracted personnel working for the applicant. *[2 points]*

B. Project Organization

1. Demonstration of an effective orientation, training, and clinical supervision **plan** to provide appropriate clinical and administrative direction to staff and contracted personnel working with the proposed services, in accordance with IPSPG and all aspects of this RFP. *[1 points]*
2. Demonstration of success in **providing** effective orientation training, clinical supervision, training, and administrative direction (concerning best practices and evidence-based services for youth) to staff and contracted personnel working with CAMHD youth in applicant's care. *[1 points]*
3. Demonstration of willingness/capacity to provide video tapes of all Clinical Team and Foster Family Meetings in a timely fashion to MTFC consulting staff in Oregon. *[1 points]*
4. Demonstration of a sufficient organizational structure and chart to effectively support the structure, functions and staffing of the proposed services. *[2 points]*
5. Demonstration of the applicant's clear policies and procedures to protect the privacy and rights of youth and families in the applicant's care. *[1 points]*

3. Service Delivery (55 Points)

1. Demonstration of support from FGCs, agencies, schools, Community Children's Councils, and other community organizations in the applicant's geographic area, for applicant to provide the proposed services. *[3 points]*
2. Demonstration of a policy governing collaboration between the applicant and families, agencies and community resources in the provision of the proposed services. *[2 points]*
3. Demonstration that the intended staff and contracted personnel for the proposed services will meet the geographic proximity requirements of the MTFC program. *[5 points]*
4. Demonstration of success in accepting appropriate referrals from Family Guidance Centers for applicant services and in maintaining CAMHD youth in those services for clinically appropriate lengths of time.

- 5. *[5 points]*
Demonstration of success in the selection and the appropriate use of best practices and evidence-based services for CAMHD youth in applicant's care. *[3 points]*
- 6. Demonstration of success in developing strengths-based, individualized service plans for CAMHD youth in applicant's care. *[2 points]*
- 7. Demonstration of success in engaging and actively and supportively working with the families of CAMHD youth in applicant's care concerning the youth's services and the family's role in improving youth outcomes. *[5 points]*
- 8. Demonstration of appropriate and effective clinical supervision of staff and contracted personnel who work in the applicant's services provided for CAMHD youth. *[5 points]*
- 9. Demonstration of success in the use of effective techniques for avoiding and for reducing the incidence of seclusion and/or restraint of CAMHD youth in applicant's care. *[2 points]*
- 10. Demonstration of success in the development and implementation of effective transition plans for CAMHD youth leaving applicant's care. *[5 points]*
- 11. Demonstration of success in preparing the biological family of the youth for the effective use of all relevant techniques and skills necessary for the youth's successful return home. *[5 points]*
- 12. Demonstrated success of improvement in outcomes for CAMHD youth in applicant's care. *[5 points]*
- 13. Demonstration of success in the ability to monitor and evaluation the effectiveness of applicant's services for CAMHD youth and to make improvements to those services where appropriate. *[3 points]*
- 14. Demonstration of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules. *[5 points]*

5. Financial (10 Points)

- 1. Adequacy of accounting system. *[2 points]*
- 2. Demonstration that staff and contracted personnel costs for the proposed services are reasonable and comparable to positions in the community. *[2 points]*

3. Demonstration that non-personnel costs are reasonable and adequately justified. The budget fully supports the scope of service and requirements of the Request for Proposal. *[1 points]*
4. Degree to which the budget for the proposed services demonstrates support of the scope of service and requirements of this RFP. *[2 points]*
5. Adequacy of the applicant's infrastructure to support electronic billing requirements, MTFC data transmission, and MTFC video taping requirements. *[1 points]*
6. Demonstration of the applicant's financial solvency. *[2 points]*

Methodology For Calculating Scores

As a group, the evaluation team will rate proposals solely against the criterion using the 0-5 point Likert scale (see Figure 1.) and in whole number (i.e. 1 or 2 and etc.). Each criterion has a weighted point (bracketed and in italic), and the sum of points for criteria in each evaluation category equals the total possible points or threshold for that category. The evaluation categories and thresholds are experience and capability (20 points), project organization and staffing (15 points), service delivery (55 points), and financial (10 points). There are no points assigned for program overview.

Figure 1. Likert Rating Scale

Not responsive	Unsatisfactory	Less than satisfactory	Satisfactory	More than satisfactory	Very satisfactory
0	1	2	3	4	5

Score will be mathematically calculated for each criterion by dividing the evaluation team rating for the criterion on the 0-5 point scale by 5 (i.e. the highest possible score) and then multiplying by the weighted value of that criterion. For example, if the evaluation team scored the first criterion at 5 points and the criterion had a weighted value of 3 points, the resulting score is 3 $((5/5)*3=3)$. If the evaluation team had instead scored the first criterion at 2, the resulting score is 1.2 $((2/5)*3=1.2)$. The scores for each criterion will then be added to obtain a total score for each proposal. If all criteria received a perfect score of 5, then the total score for the proposal will be 100.

The total final score for each proposal will then be ranked across applicants in order of responsiveness to the RFP from the most advantageous to least advantageous, based on the evaluation of each proposal.

Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

- A. Competitive Proposal Application Checklist
- B. Sample Proposal Table of Contents
- C. Performance Standards and Practice Guidelines for
Multidimensional Treatment Foster Care
- D. Quality Assurance and Improvement Program
- E. CAMHD Quality Assurance and Improvement
Program Work Plan
- F. General and Special Conditions
- G. MTFC Cost Calculator
- H. Federal Certifications

Proposal Application Checklist

Applicant: _____ RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services and For Private Providers*.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Registered)	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*		
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*		
SPO-H-206B	Section 3, RFP	SPO Website*		
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
Federal Certifications		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
Program Specific Requirements:				

Authorized Signature

Date

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	A. Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
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ATTACHMENT C. PERFORMANCE STANDARDS AND PRACTICE GUIDELINES FOR MULTIDIMENSIONAL TREATMENT FOSTER CARE

Definition	<p>Multidimensional Treatment Foster Care (MTFC) services are intensive family-based services provided in a foster family setting to youth with a history of delinquent and/or disruptive behaviors and emotional disturbance.</p> <p>The two major aims of MTFC are: 1) to create opportunities so that youth are successfully able to live in foster families rather than in group or institutional settings, and 2) to simultaneously prepare their parents, relatives, or other aftercare resources to provide these same youth with effective parenting so that positive changes made in the MTFC setting can be sustained over the long run.</p> <p>MTFC is an evidence-based treatment intervention which utilizes trained and supervised foster parents to:</p> <ul style="list-style-type: none"> • Provide youth in care with close supervision • Provide youth with fair and consistent limits and consequences • Provide a supportive relationship with the youth • Minimize association with peers who may be a bad influence <p>Youth in MTFC are generally capable of attending their home school or an alternative community-based educational/vocational program. Placements generally range from six (6) to nine (9) months.</p> <p>This level of care is primarily intended as an alternative to group or residential placement.</p>
Services Offered	<ol style="list-style-type: none"> 1. MTFC provides evaluation and assessment of each youth; 2. MTFC maintains collateral contacts with the FGC/MHCC; 3. MTFC provides crisis management 24 hours/day, 7 days/week as needed; 4. MTFC Foster Parents provide closely supervised behavioral interventions via an individualized level and point system and contingent positive and negative consequences; 5. The MTFC Clinical Supervisor participates in weekly face-to-face meetings with all foster parents and with

	<p>all Clinical Team members in order to monitor each youth's progress, discuss treatment strategies, and effectively track outcomes;</p> <ol style="list-style-type: none"> 6. The MTFC Parent Daily Report (PDR) Caller maintains daily contact with all foster parents in order to monitor progress via the collection of behaviorally based data; 7. MTFC Foster Parents coordinate with school personnel via a Daily School Card in order to strengthen effective academic support in the home setting; 8. An MTFC Skills Trainer provides individualized pro-social activities coaching for each youth weekly; 9. The MTFC Individual Therapist provides weekly sessions with each youth in support of individualized behavioral approaches developed over time in the MTFC setting; 10. The MTFC Family Therapist provides weekly evidence-based therapy to the youth's family of origin with an emphasis on family-based implementation of individualized behavioral approaches developed in the MTFC setting; and 11. Active, on-going treatment is based on measurable goals and objectives that are part of the youth's CSP and MHTP. Treatment is focused on returning the youth home or, for youth in DHS custody, on successful transition to a kinship placement, ongoing foster family setting, or independent living program.
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Initial Authorizations	One month at a time not to exceed six (6) to nine (9) months without reauthorization. [Unit = one (1) month]
Re-Authorization	Up to one (1) month. (Unit = one (1) month) by FGC Clinical Director.
Admission Criteria	<ol style="list-style-type: none"> 1. The youth must be between the ages of nine (9) through seventeen (17); AND 2. The youth must be identified as needing an out-of-home placement due to challenging delinquent, disruptive, and mental health issues; AND 3. The ability of the youth's family or current caregivers to safely and adequately respond to the youth's needs must be significantly strained; AND 4. There must be a reasonable expectation that the youth and family can benefit from MTFC therapeutic foster care within six (6) to nine (9) months; AND 5. Either an adequate trial of active treatment at a less restrictive level must have been unsuccessful or the youth must be currently placed in a group or residential care facility; AND 6. The youth must have an adult/parental figure able to assume the long term parenting role and to actively participate with MTFC service providers for the duration of treatment.
Continuing Stay Criteria	<ol style="list-style-type: none"> 1. The youth continues to exhibit willful delinquent and disruptive behaviors; AND 2. There is a reasonable expectation that the youth will continue to make significant progress in reaching the treatment goals identified at the outset of MTFC within four (4) weeks.

<p>Discharge Criteria</p>	<ol style="list-style-type: none"> 1. There is a decrease in identified behavior; <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> 2. There is an increase in developmentally appropriate pro-social behavior in foster home, family, school, and community settings; <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> 3. The youth has made progress on goals and objectives outlined in the CSP/MHTP such that he or she is able to transition back to the family setting; <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> 4. If the youth is in long-term DHS custody or is intended to transition to an independent living program, the youth has the knowledge and supports necessary to sustain treatment outcomes and to support a successful transition to a permanent placement or independent living program.
<p>Service Exclusions</p>	<p>MTFC services cannot be provided at the same time as Therapeutic Group Home Care (General or Individualized), Community-Based Residential Care (General and High Risk) or Hospital Based Residential Care.</p> <p>MTFC services cannot overlap with MST or other home and community-based services except where the youth will be transitioned out of MTFC within thirty (30) days of MST or the community-based referral.</p>
<p>Clinical Exclusions</p>	<ol style="list-style-type: none"> 1. Youth for whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends, and other potential surrogate caregivers; 2. Youth in need of immediate crisis stabilization because of active suicidal, homicidal, or psychotic behavior. Once stable, youth who otherwise meet the eligibility criteria may be referred into the MTFC program; 3. Youth with Severe Mental Retardation or Autism Spectrum Disorders (also known as Pervasive Development Disorder); 4. Youth with mental disorders due to a general medical

	condition;
	5. Youth with a currently active thought disorder requiring 24/7 medical and nursing supervision;
	6. Youth who can effectively and safely be treated at a less restrictive level of care.

Staffing Requirements

1. Services must be available twenty-four (24) hours a day, seven (7) days a week.
2. Foster parents must be licensed with the Department of Human Services before the first youth is placed in the home.
3. Contractors shall send a copy of all applicable State facility licenses to CAMHD's Facility Licensing Specialist each time facilities are granted licensure and upon renewal of licenses.
4. Training for foster parents must include twenty-four (24) hours of skills-based training before the parents receive their first youth. Additionally, another twenty-four (24) hours of in-service training is required annually after the youth is placed.
5. Therapeutic foster parents are supervised by a QMHP during weekly family/group meetings.
6. Foster parents are trained and certified in Cardiopulmonary Resuscitation and First-Aid before the first youth is placed in the foster home and maintain current certification.
7. Staff must have at least twenty-four (24) hours of basic orientation including, but not limited to, crisis field assessment and intervention, suicide assessment, clinical protocols, documentation, knowledge of community resources as well as the court processes and legal documents relative to emergency procedures, and specific legal issues governing informed consents that must be completed prior to performing crisis outreach services.
8. Staff receive at a minimum, two (2) hours per month of group supervision by a QMHP utilizing a combination of methods such as direct observation, coaching, and role modeling to improve the level of staff skill. The amount and frequency of supervision may be reduced as authorized by the clinical supervisor on the basis of documented individual aptitude, experience, and satisfactory performance.
9. MTFC services are provided by a team of Master's-level therapists assisted by para-professional Skills Trainers and are supervised by a Clinical Supervisor with a Master's degree (QMHP).
10. The Clinical Supervisor shall have at least three (3) years post degree experience working with delinquent youth and their families in community-based settings.

Clinical Operations

1. The MTFC therapist-to-foster family ratio shall not exceed ten to twelve (10 to 12) families per Clinical Supervisor, per Individual Therapist, and per and Family Therapist at any given point in time.
2. All Clinical Team staff must complete a four-day training program designed by MTFC services prior to assignment of families/clients and must participate in ongoing weekly Clinical Team Meetings under the supervision of the MTFC Clinical Supervisor.
3. All Foster Family staff must complete a two-day training program designed by MTFC services prior to placement of youth and must participate in ongoing weekly Foster Parent Meetings under the supervision of the MTFC Clinical Supervisor.
4. No more than one (1) youth shall be placed with any given MTFC Foster Family;
5. MTFC staff shall complete additional agency training including, but not limited to, crisis assessment and intervention, suicide assessment, clinical protocols, documentation, knowledge of community resources as well as the court processes and legal documents relative to emergency procedures, and specific legal issues governing informed consents that must be completed prior to performing crisis outreach services.
6. The MTFC Clinical Supervisor shall receive at a minimum one (1) hour MTFC telephone consultation per week. Additional individual supervision will occur on an as needed basis.
7. MTFC telephone consultation will be based, in part, on video tapes of Clinical Team and Foster Family Meetings to be provided to Oregon-based consultants on a weekly basis.
8. MTFC service delivery must be preceded by a thorough clinical assessment of the youth and family so that an appropriate and effective treatment plan can be developed.
9. MTFC service providers must obtain consents for assessments.
10. MTFC providers must coordinate with family/significant others and with other system of care providers such as education, juvenile justice system, child welfare as needed.
11. Any agency providing MTFC services must have established and documented procedures/protocols for handling emergency and crisis situations including methods for triaging youth who require psychiatric hospitalization.

Documentation

1. The MTFC Clinical Supervisor must complete an intake and assessment form upon assignment of any youth/family to MTFC program.
2. The MTFC Clinical Supervisor must submit a written report to the FGC/MHCC within one week from the date of initial assessment. Written report must include the following:
 - a. Date(s) of assessment and date of report.
 - b. Identifying information: youth name, DOB, legal guardian, home school, grade level, and, where relevant, IDEA/504 status.
 - c. Reason for referral.
 - d. Sources of information including review of records, interviews, and assessment tools.
 - e. Brief developmental, medical, family, social, educational, and psychiatric history to include past and current use of and reasons for psychotropic medications.
 - f. Substance use history.
 - g. Description and history of presenting problems.
3. All clinical progress note shall include the following:
 - a. Complete date of service;
 - b. Begin/end time of service;
 - c. Place of service;
 - d. Type of service;
 - e. Relation of service to treatment plan (i.e. addressing Goal #2C);
 - f. DAP note. Data (D): content of service, what actually happened.
Assessment (A): provider assessment/interpretation of what happened, including assessment of client status, progress and barriers to progress.
Plan (P): plans for upcoming services, including plans on building upon documented progress and addressing barriers to progress.
 - g. Full Name, Title, and signature of service provider.
 - h. Full Name, Title, and signature of supervisor if applicable.

ATTACHMENT D. Quality Assurance Improvement Program

The QAIP and subsequent updates are located on the Department of Health, CAMHD website at <http://www.hawaii.gov/health/mental-health/camhd/library/camhd/resources/index.html> and under Guiding Documents.

ATTACHMENT E. CAMHD Quality Assurance and Improvement
Program Work Plan

The Quality Assurance and Improvement Program Work Plan and subsequent updates are located on the Department of Health, CAMHD website at <http://www.hawaii.gov/health/mental-health/camhd/library/camhd/resources/index.html> and under Guiding Documents.

ATTACHMENT F. General and Special Conditions

A copy of the contract General Conditions is available on the following website:

http://www4.hawaii.gov/spoh/Forms_Instructions/contracts/GenCondHHS.PDF

Special Conditions

The CONTRACTOR shall:Option to Extend Agreement. Unless terminated, this Agreement may be extended by the STATE for not more than five (5) additional twelve (12) month periods, without resolicitation, upon mutual agreement in writing at least thirty (30) days prior to the expiration of the Agreement and the execution of a supplemental agreement. This Agreement may be extended provided that the Agreement price shall remain the same or is adjusted (increased or decreased) based on a negotiated price mutually agreed upon, subject to the availability of funds.

2. **Insurance.** In addition to Paragraph 1.4, Insurance, Exhibit “D,” of the General Conditions, the PROVIDER agrees to the following:
 - a. In order to protect the PROVIDER as well the STATE, and its officers, employees, and agents covered under the indemnification provision in this Agreement, the PROVIDER shall obtain and keep in force throughout the period of this Agreement automobile liability insurance for automobiles owned or leased by the PROVIDER and used to carry out services specified in this Agreement. Automobile liability insurance shall be obtained from a company authorized to do business in the State, or meets Section 431:8-301, Hawaii Revised Statutes, if utilizing an insurance company not licensed by the STATE, and complying with the Hawaii No Fault Insurance Law. The amount shall be at least THREE HUNDRED THOUSAND AND NO/100 DOLLARS (\$300,000.00) for each person with respect to bodily injury and FIFTY THOUSAND AND NO/100 DOLLARS (\$50,000.00) for each occurrence with respect to property damage. The PROVIDER’s policy shall name the STATE, the Department of Health, and their officers, agents, or employees as additionally insured. Prior to or upon execution of this Agreement, the PROVIDER shall furnish the STATE with a certificate of insurance, verifying the existence of such insurance. The certificate of insurance shall also expressly provide that the insurance policy shall not be canceled unless the insurance company has first given to the STATE thirty (30) calendar days’ written notice of the intended cancellation.
 - b. If the PROVIDER is authorized by the STATE to subcontract, its subcontractors shall not be excused from the indemnification and insurance provisions of this Agreement. The PROVIDER agrees to require its subcontractors to obtain adequate insurance in order to indemnify the STATE. Evidence of such insurance shall be provided to the STATE. Failure of the PROVIDER to provide and keep in force such insurance shall be regarded as a material default under this Agreement, entitling the STATE to exercise any or all of the remedies provided in this Agreement for a default of the PROVIDER.
 - c. The procuring of such required policy or policies of insurance shall not be construed to limit the PROVIDER’s liability hereunder nor to fulfill the indemnification provisions and requirements of this Agreement. Notwithstanding said policy or policies of insurance, the PROVIDER shall be obliged for the full and total amount of any damage, injury, or loss caused by the negligent act or omission of the PROVIDER or its authorized representatives.
3. **Client Records Retention.** The PROVIDER and any subcontractor shall maintain patient records, that relate to the Agreement. At the end of the term of this Agreement, or

termination for necessity or convenience by the STATE, or if the PROVIDER withdraws from this Agreement or ceases operations before the termination of this Agreement, the PROVIDER, shall make immediate arrangements, subject to the approval of the STATE, for the retention and transfer of patient records.

4. **Reporting Penalty.** Should the PROVIDER fail to file the written Program and Fiscal reports with the STATE on or before the required date, the STATE is authorized to withhold funds owed to the PROVIDER until such time as the reports are acceptable and placed on file with the STATE.
5. **Suspension of Referrals.** Should the PROVIDER fail to comply with any term or condition under this Agreement, the STATE is authorized to suspend referrals to the PROVIDER until such time as the deficiency or non-compliance is corrected and the PROVIDER's corrective actions are determined to be acceptable by the STATE.

Attachment G. MTFC Cost Calculator

[Note: TFC Consultants, Inc. developed the MTFC Cost Calculator and is provide here as an example. Download the MTFC Cost Calculator at <http://www4.hawaii.gov/spoh>]

Applicant agency name: _____

Prior to data entry, save this file under a different name.

I. Agency-specific assumptions

This calculator enables you to estimate the cost associated with your agency's MTFC program for the first 5 years. A few notes with regard to the Agency-specific assumptions:

The number of MTFC teams listed for each year, after year 1, include the teams listed in the previous year(s). For example, if you start one team in year 1 and add a team in year 3, the lines for years 1 and 2 should say '1', the lines for years 3 through 5 should say '2'.

The default values on some lines are '0' because in most cases no additional funds are budgeted for these items. However, the lines are inserted to provide an opportunity to enter values if you expect to have to budget separately for these costs (Skills Trainer fringe benefits, foster parent mileage, clothing/special needs allowances, summer expenses related to school vacations).

(i) Blue figures represent items adjustable by applicant agency.

Number of MTFC teams for this program cost estimate* (each team can serve up to 10 placement youths at a time)

In year 1	—
In year 2	—
In year 3	—
In year 4	—
In year 5	—

* Some economies may result from simultaneous team implementations. Please consult with TFC consultants.

Full-time annual base salary for MTFC Clinical Supervisor	_____
Full-time annual base salary for MTFC Child and Family Therapists	_____
Full-time annual base salary for MTFC Foster Parent Recruiter/Trainer/PDR Caller	_____
Percent add-on for employee benefits on above salaries	_____
FTE for MTFC Clinical Supervisor	_____ per team
FTE for each of the MTFC Therapists (Child and Family), year 1	_____ per team
FTE for each of the MTFC Therapists, years. 2, 3, 4 and 5	_____ per team
FTE for MTFC Foster Parent Recruiter/Trainer/PDR Caller, year 1	_____ per team
FTE for MTFC Foster Parent Recruiter/Trainer/PDR Caller, years. 2, 3, 4 and 5	_____ per team

FTE's for Therapists and Recruiter/Trainer/PDR Caller in year 1 can be adjusted for the initial period of program operation as the number of placement youths is gradually increasing to program capacity (10). FTE's should be at year 2 levels when full capacity is realized. If such adjustments are made, the average FTE anticipated in the first year should be entered. Please note that the first few months of the first year will be used for training and other preparatory activities, and that no youths will be placed in the program until after these activities have been completed (see below).

Number of months during the first year when the program is operational (see above)	_____
--	-------

Hourly Skills Trainer wages	_____
Percent add-on for employee benefits on Skills Trainer Wages	0%
Average number of skills training hours per week per placement youth (This number should be increased in high density urban areas or under certain other circumstances--Please check with TFC Consultants)	_____

Foster parent recruitment costs, per month, year 1 (ads, etc.)	
Foster parent recruitment costs, per month in years 2, 3, 4 and 5	
Foster parent compensation, per month, per placement Youth	

Average number of placement youths per team after start-up,
during year 1

Average number of placement youths per team in years 2, 3,
4 and 5

Average length of placement, in months

Mileage reimbursement rate \$0.390

Mileage for foster parents per active placement, per month

Clothing, special needs reimbursements per active
placement, per month

Cell phone expenses MTFC Clinical Supervisor, per month,
beginning at program start-up

Cell phone expenses Skills Trainers, per month, beginning
at program start-up, year 1 Skills trainers: per month

Expense/month:

Cell phone expenses Skills Trainers, per month, years 2, 3,
4 and 5 Skills trainers: per month

Expense/month:

Pager expenses Therapists, per month, beginning at
program start-up

Skills Training expenses, per hour-long session

Skills Training mileage, per hour-long session

Food/beverage expenses for weekly foster parent meetings,
beginning at program start-up, per meeting

Security devices (door/window monitors) for 10 homes,
average cost per home, year 1

Security devices, replace 2 per year on average, years 2,
3, 4 and 5

Summer expenses related to school vacations, per child

Number of children in summer year 1

Number of children in summer years 2, 3, 4
and 5

Respite care, multiply foster parent compensation by

Program certification expenses, year 1

year 2

year 3

year 4

year 5

(subsequent certifications in years 7, 10, 13, etc.)

Implementation services 1st year (first team is \$42,000, each

additional team is \$35,920)	_____
Implementation services/technical assistance per team, 2nd year (check with TFCC)	_____
Consultation/technical assistance per team, 3rd year (check with TFCC)	_____
Consultation/technical assistance per team, 4th and 5th years (check with TFC C)	_____ per year
Travel/lodging/airport parking/per diem TFCC staff, year 1 (18 nights lodging, 7 airline tickets, 25 work/travel days)	_____
Travel/lodging/airport parking/per diem agency staff, year 1 (4-day Eugene training) Participants:	_____ per person
Travel/lodging/airport parking/per diem TFCC staff, year 2 (9 nights lodging, 3 airline tickets, 12 work/travel days)	_____
Travel/lodging/airport parking/per diem agency staff, years 2, 3, 4 and 5 (4-day Eugene training, assume 1 staff turnover per year)	_____
Travel/lodging/airport parking/per diem TFCC staff, year 3 (3 nights lodging, 1 airline ticket, 4 work/travel days)	_____
Administrative/overhead cost percentage applied to all program and implementation costs	_____

Attachment H. Federal Certifications

This document is available on the same website of this RFP.